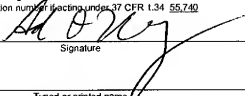


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 066254-5003US1				
Application Number 10/692,311 For BLOOD POOL CARRIER FOR LIPOPHILIC AGENTS	Filed October 23, 2003				
Art Unit 1618	Examiner Jones, Dameron Levest				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
	<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: left; width: 20%;"><u>Fee</u></th> <th style="text-align: left; width: 20%;"><u>Small Entity Fee</u></th> <th style="text-align: left; width: 20%;"></th> </tr> </table>		<u>Fee</u>	<u>Small Entity Fee</u>	
	<u>Fee</u>	<u>Small Entity Fee</u>			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$525		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					
<input type="checkbox"/> A check in the amount of the fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.					
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>					
I am the <input type="checkbox"/> applicant/inventor.					
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
<input type="checkbox"/> attorney or agent of record. Registration Number ____					
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number reflecting under 37 CFR 1.34 55,740</small>					
 _____ Signature		July 28, 2008 _____ Date			
Ada O. Wong _____ Typed or printed name		415.442.1490 _____ Telephone Number			
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>					